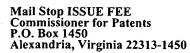
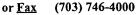
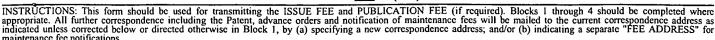
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail







maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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Jean	Mc)Cue	2	<b>3</b> .		(Depositor's name)
	Ven	~~	MC	Cue	(Signature)
Marc	¥ 11,	2004			(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/816,756	03/24/2001	Bruce J. Mayer	883933.0062 (UCON-154)	4784

TITLE OF INVENTION: COILED-COIL MEDIATED HETERODIMERIZATION FUNCTIONAL INTERACTION TRAP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	03/30/2004
EXAMINER		ART UNIT	CLA	SS-SUBCLASS	7	
WESSENDORF, TERESA D		1639	4	35-070100	_	
CFR 1.363).  Change of correspond Address form PTO/SB/I	ce address or indication of "F dence address (or Change of 0 122) attached. tion (or "Fee Address" Indica or more recent) attached. Us	Correspondence	2. For printing on the names of up to 3 agents OR, alternatifirm (having as a magent) and the name attorneys or agents. will be printed.	registered patent vely, (2) the name ember a registered es of up to 2 regi	attorneys or 1 McCa1 c of a single d attorney or stered patent	rter & English LI
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XX Publication Fee XX Advance Order - # of	5	xx <del>9</del> x	A check in the amou Payment by credit ca The Director is her eposit Account Numb	rd. Form PTO-203 by authorized by per <u>50 1402</u>	8 is attached.  charge the required fee(s), c  (enclose an extra	or credit any overpayment, to copy of this form).

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